

BEVERLY HEALTH REHAB CTR-SUPERIOR

1612 N 37TH ST

SUPERIOR 54880 Phone:(715) 392-5144

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 90

Total Licensed Bed Capacity (12/31/04): 90

Number of Residents on 12/31/04: 81

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 82

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		25.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		54.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.4	More Than 4 Years		19.8
Day Services	No	Mental Illness (Org./Psy)	49.4	65 - 74	6.2			-----
Respite Care	Yes	Mental Illness (Other)	7.4	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	7.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	13.6	65 & Over	92.6	-----		
Transportation	Yes	Cerebrovascular	12.3		-----	RNs		13.8
Referral Service	No	Diabetes	4.9	Gender	%	LPNs		4.2
Other Services	Yes	Respiratory	1.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.9	Male	14.8	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	85.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	7.5	130	0	0.0	0	1	7.1	161	0	0.0	0	0	0.0	0	5	6.2
Skilled Care	12	100.0	395	48	90.6	112	1	100.0	115	12	85.7	161	0	0.0	0	0	0.0	0	73	90.1
Intermediate	---	---	---	1	1.9	94	0	0.0	0	1	7.1	161	0	0.0	0	1	100.0	94	3	3.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		53	100.0		1	100.0		14	100.0		0	0.0		1	100.0		81	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	9.2	Bathing	2.5	25.9	71.6	81
Private Home/With Home Health	3.1	Dressing	14.8	64.2	21.0	81
Other Nursing Homes	4.6	Transferring	24.7	56.8	18.5	81
Acute Care Hospitals	83.1	Toilet Use	22.2	49.4	28.4	81
Psych. Hosp.-MR/DD Facilities	0.0	Eating	80.2	17.3	2.5	81
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	130	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	1.2		Receiving Respiratory Care	8.6
Private Home/No Home Health	37.3	Occ/Freq. Incontinent of Bladder	61.7		Receiving Tracheostomy Care	1.2
Private Home/With Home Health	18.7	Occ/Freq. Incontinent of Bowel	44.4		Receiving Suctioning	1.2
Other Nursing Homes	0.7				Receiving Ostomy Care	0.0
Acute Care Hospitals	12.7	Mobility			Receiving Tube Feeding	1.2
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.2		Receiving Mechanically Altered Diets	16.0
Rehabilitation Hospitals	0.7				Other Resident Characteristics	
Other Locations	5.2	Skin Care			Have Advance Directives	100.0
Deaths	24.6	With Pressure Sores	2.5		Medications	
Total Number of Discharges		With Rashes	4.9		Receiving Psychoactive Drugs	69.1
(Including Deaths)	134					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.1	88.5	1.03	89.0	1.02	90.5	1.01	88.8	1.03
Current Residents from In-County	90.1	80.0	1.13	81.8	1.10	82.4	1.09	77.4	1.16
Admissions from In-County, Still Residing	13.1	17.8	0.73	19.0	0.69	20.0	0.65	19.4	0.67
Admissions/Average Daily Census	158.5	184.7	0.86	161.4	0.98	156.2	1.02	146.5	1.08
Discharges/Average Daily Census	163.4	188.6	0.87	163.4	1.00	158.4	1.03	148.0	1.10
Discharges To Private Residence/Average Daily Census	91.5	86.2	1.06	78.6	1.16	72.4	1.26	66.9	1.37
Residents Receiving Skilled Care	96.3	95.3	1.01	95.5	1.01	94.7	1.02	89.9	1.07
Residents Aged 65 and Older	92.6	92.4	1.00	93.7	0.99	91.8	1.01	87.9	1.05
Title 19 (Medicaid) Funded Residents	65.4	62.9	1.04	60.6	1.08	62.7	1.04	66.1	0.99
Private Pay Funded Residents	17.3	20.3	0.85	26.1	0.66	23.3	0.74	20.6	0.84
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	56.8	31.7	1.79	34.4	1.65	37.3	1.52	33.6	1.69
General Medical Service Residents	9.9	21.2	0.47	22.5	0.44	20.4	0.48	21.1	0.47
Impaired ADL (Mean)	49.9	48.6	1.03	48.3	1.03	48.8	1.02	49.4	1.01
Psychological Problems	69.1	56.4	1.23	60.5	1.14	59.4	1.16	57.7	1.20
Nursing Care Required (Mean)	4.5	6.7	0.67	6.8	0.65	6.9	0.65	7.4	0.60